

**INCIDENT
IDENTIFICATION
NUMBER**

I 02416

Dow AgroSciences LLC*
9330 Zionsville Road
Indianapolis, IN 46268-1054

1012416
-001

308 Building/2A
January 17, 2002



Document Processing Desk - 6(a)(2)
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, NW
Washington, DC 20460-0001

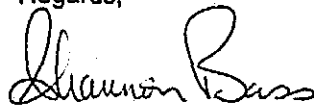
RE: FIFRA § 6(a)(2) Report
Vikane* Gas Fumigant
EPA Registration Number: 62719-4
Active Ingredient: Sulfuryl Fluoride
CAS Registry Number: 002699-79-8
DERBI Number: 104598
State: FL
Severity Category: H-A

Dow AgroSciences submits the following information in response to its understanding of the U.S. Environmental Protection Agency's interpretation of FIFRA § 6(a)(2). However, Dow AgroSciences has not concluded that this information regards an "unreasonable adverse effect on the environment" or that it is reportable under FIFRA § 6(a)(2).

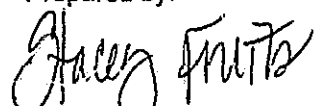
Dow AgroSciences received the enclosed information regarding an alleged human death.

If you wish to discuss this matter further, please call us.

Regards,

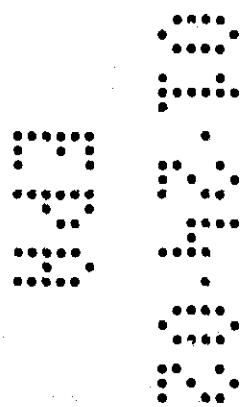

Shannon Bass
EH&S Global Product Leader
(317) 337-4983

Prepared by:


Stacey Fruits
Product Stewardship Administrator
(317) 337-4577

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copied for
J. Blondell
1/25/2002





FIFRA § 6(a)(2) Global Adverse Effects Reporting Form

FIFRA § 6(a)(2) does not require investigation of alleged incidents. Please complete this form, to the best of your ability, with the knowledge you have on any incident without further investigation. However, if you receive additional information it is your responsibility to submit a supplemental report.

Send completed forms to:

e-mail: Aerc@dowagro.com

Questions: Global AERC Administrator
(317) 337-4656

mail: Dow AgroSciences
9330 Zionsville Road
Indianapolis, IN 46268
Attention: AERC-308 Building

Administrative Information

Your Name:	Rodolfo E. Subieta		
Date you became aware of the Incident:	(month/day/year)	1/11/02	

Reporter (person reporting incident to you):

Last Name:	Napoles	First Name:	Alex E.		
Street Address:	4035 SW 98 th Ave				
City:	Miami	State/Country:	FL	Zip Code	33165
Telephone Number:	305- 552-0141				

Contact Person (if different from the Reporter)

Last Name:			First Name:		
Street Address:					
City:	Miami	State/Country:		Zip Code:	
Telephone Number:					

Product Information

Product(s) involved:	Vikane gas fumigant and chloropicrin				
U.S. EPA Registration Number:	62719-4				
Exposed to concentrate prior to dilution:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		

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DA, HA
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Exposure Information

Date of Exposure:	1/10/02		
Geographical location of exposure:	[REDACTED] Miami Beach, FL 33139		
How exposed?	<input type="checkbox"/> Direct Contact	<input type="checkbox"/> Ingestion	<input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Spill <input type="checkbox"/> Other _____
Brief description of alleged incident:			
<p>AL-FLEX Exterminators was contracted to fumigate a two-story, 12-unit apartment building (105,000 cu feet) located at the above address. On Wednesday, 1/9/02, at about 10 am, while personnel from Al-Flex were "tenting" the building in preparation for the fumigation, witnesses reported seeing [REDACTED] a tenant from unit [REDACTED] looking for his cat outside the building. Later, he was reportedly seen leaving toward the street carrying a box. Alex Napoles, President of Al-Flex affirms that two of his fumigation licensees, Ricardo Dominguez and Abraham Rubio, physically inspected every unit, including [REDACTED] more than once, while the tenting crew was wrapping the building. Early afternoon, the tenting was completed and the 2 licensees introduced a total of 8 ounces of warning agent in 3 common hallways leading to the units. The doors leading into the individual units were left open to aid in the circulation of warning agent and the fumigant. These were not exterior doors, and the only way to get into the building was through the 3 common exterior entrances located on the first floor. After introducing the warning agent, the licensees proceeded to lock and install secondary locks on the exterior doors. At about 2:30 PM, according to their fumigation log, a total of 83 lbs. of Vikane was introduced into the building. The following day, after aeration procedures were completed, the body of [REDACTED] was found by Joey Saad, Al-Flex's fumigation licensee while he was performing the final clear of the structure. The body was reportedly found on a sofa bed, almost completely covered with a blanket and with his shoes removed. The corpse of a cat was also found nearby.</p>			

Personal privacy

Application Circumstances

Evidence label directions were not followed:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Application was made by:			
<input checked="" type="checkbox"/> Pest Control Operator	<input type="checkbox"/> Lawn Care Operator	<input type="checkbox"/> Homeowner	<input type="checkbox"/> Other _____
Circumstances regarding application:			
<p>It is unclear how the man entered the building. According to Alex Napoles, his crew did not find any breach in the tents when they returned the following day to start aeration. It is suspected the man may have returned to the building through a back alley while the structure was still being tented, and re-entered his unit on the 2nd floor unnoticed, after it had been inspected by Al-Flex's licensees, but prior to the introduction of warning agent and secondary locks on the exterior doors.</p>			
Type of incident:	<input checked="" type="checkbox"/> Human	<input checked="" type="checkbox"/> Domestic Animal	<input type="checkbox"/> Fish/Wildlife (fill out the appropriate attached page)

Alleged Human Exposure

Clarify how many people are involved with the alleged exposure:		1	
Age, if known, adult or child:	Early 60's	<input type="checkbox"/> Child	<input checked="" type="checkbox"/> Adult
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	If female, is she pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Occupation (if related to use of product):			
Was protective clothing worn: <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many workdays were lost due to illness:			
Route of exposure: <input type="checkbox"/> Skin <input type="checkbox"/> Eye <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Unknown			
Was alleged adverse effect a result of: <input type="checkbox"/> Suicide/Homicide <input type="checkbox"/> Attempted suicide/homicide <input checked="" type="checkbox"/> Unknown			
Time between exposure and onset of symptoms: (hr/day/min) Unknown			
Symptoms experienced: Fatality			
Type of medical care sought:			
Laboratory test results: (attach copy if available)			
Explanatory or qualifying information surrounding the incident:			
Coroner's report to establish exact time and cause of death is still pending. At this time the man's reason for re-entering the building is unknown. The man reportedly signed the "preparation sheet" indicating he knew the fumigation was taking place and the need to vacate the building. State investigators also reported being told the man was terminally ill with cancer, had problems with alcoholism, and may have had suicidal tendencies.			

Treating Physician's Information

Last Name:	First Name:
Street Address:	
City:	State/Country:
Zip Code:	
Telephone Number:	

Alleged Domestic Animal Exposure

Type of animal:	(examples include: bovine, equine, avian, poultry, canine, feline)		
Feline			
How many involved:	1		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Unknown
Age:	Weight (lb/kg):		
Route of exposure:	<input type="checkbox"/> Skin	<input type="checkbox"/> Eye	<input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Unknown
Time between exposure and onset of symptoms:	(hr/day/min)		
Symptoms experienced:	Fatality		
Did a veterinarian treat animal:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Laboratory test results:	(attach copy if available)		
Explanatory or qualifying information surrounding the incident:			
See above			

Treating Veterinarian Information

Last Name:	First Name:		
Street Address:			
City:	State/Country:	Zip Code:	
Telephone Number:			